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Original Communications.

CASE OF INVERTED UTERUS.

BY CHARLES WM. COVERNTON, M.D., M.R.C.S., ENG., VICE-PRESIDENT,
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Considering that a faithful record of failures would be of as much importance and interest as a jubilant account of success in some unusual and consequently interesting case, I send you the particulars of one that fortunately is known to the profession generally, more from the description of specialists, than from observation.

I had imagined that the case was probably the first for record in Ontario; yesterday, however, I was disabused of that idea, by my friend Dr Hayes handing me the March number of the Canada Medical Journal, in which I notice three similar ones recorded by Drs. Campbell, Godfrey and Thompson. As these are included in a period of little over three years, and occurred in Montreal, or its immediate vicinity, the question fairly arises whether inversion of the uterus really is of the rare occurrence, it is generally held to be. Also whether an amount of moral courage equal to confession of failure in diagnosis, as evinced by Dr. Campbell at the March meeting of the Medico Chirurgical Society, would not lead many members of our profession to record similar mistaken *fibroid tumors*!

On the 14th of last October, I received a telegram from Dr. Stewart, of Port Dover, requesting me to repair immediately to that town for consultation in an urgent case. On my arrival at his house, I was informed that the patient in question had been attended in her second confinement, a week previously, by another medical man, and that on that morning, the husband had called and requested Dr. Stewart to meet this gentleman in consultation. Unfortunately, one of the too frequent instances of professional misunderstanding interfered with this arrangement, and it was finally decided that the first gentleman should retire, and Dr Stewart take the management of the case. On visiting the patient he considered her condition so critical that he declined the sole responsibility, and requested that I should be associated with him.

I found the patient lying on her back, knees elevated, anxious, pale, anæmic face, pulse ranging between 130 and 140 in the minute, skin hot, abdomen greatly swollen, tympanitic and intensely tender to the touch, discharge scanty, and highly offensive. I heard that on the occasion of her confinement there had been nothing unusual in the duration or the severity of the labour pains, but that shortly after the removal of the placenta, the medical man had been called in from an adjoining room to attend to her for sudden faintness, and intense pain. These were the only particulars of the labour at that time, made known to me. I diagnosed the case as one of puerperal peritonitis, and agreed with Dr. Stewart on the following treatment:—℞ Pul opii, Quinia disulph aa grs. ii., Pul Ipecac co, grs. iv.; Ft. Pul This powder to be repeated every three or four hours until sufficiently narcotized, then repeated at longer intervals. Turpentine stupes to be continued to the abdomen until slight vesication resulted, diet, beef essence, milk and brandy, and warm flannels to the vulva, frequently changed. Visiting her the next day, I found the pulse slower, countenance less anxious, abdomen slightly less tender and tympanitic, but severely vesicated by turpentine, ordered a large poultice of slippery elm, and treatment to be continued. I heard no more of the case for six days, when I received a telegram from Dr. Stewart requiring my immediate presence. On visiting the Dr. before repairing to the patient's house, I was informed that she had progressed very favourably until the previous evening, when she complained of great pelvic uneasiness and sense of pressure, that he then for the first time made a vaginal examination, and found nearly filling that canal, a firm fibrous mass, concerning the nature of which he was

desirous of having my opinion. I accordingly made a digital examination, and found a gourd shaped hard tumor, twice the size of an egg, lying in the axis of the vagina and which I at first imagined to be a large fibroid tumor that had been expelled from the uterus, at the same time probably as the placenta.

There was yet remaining too much abdominal tenderness to permit feeling for the uterus through the abdominal parietes, therefore, anything approaching to an *ex-cathedra* opinion was out of the question, I therefore tranquilized, as far as possible, the fears of the patient and friends, and agreed to see her again in the course of a few days. After the lapse of that time, I found the swelling and tenderness gone sufficiently to permit exhaustive exploration.

On hard pressure through the abdominal wall, no uterus could be detected in the pelvis, and with the finger of the other hand in the rectum, I failed equally to find it. I then passed two fingers of the left hand into the *cul de sac* behind the tumor, so as to lift it well above the pubes, and with the other hand pressing over the abdomen, I was able satisfactorily to determine the case as one of inverted uterus. After the acute inflammatory attack she had so recently undergone, I deemed it prudent to defer attempts at reduction until all vestige of tenderness and swelling had disappeared, and therefore suggested to Dr. Stewart the interim treatment of pressure on the tumor by means of inflated vulcanized rubber bags, and the daily administration of belladonna by rectum and mouth, in doses sufficient to insure its physiological action. In this view Dr. Stewart concurred, and it was continued until the 8th of November, when in consultation with other medical men, an attempt at reduction was resolved upon. The gentlemen who kindly lent their assistance were Dr. N. O. Walker of Port Dover, Dr. Coldham of Toledo, Ohio, and Dr. Hayes of Simcoe. The bed being removed from the wall, the patient was laid transversely, with the nates well to the edge, and thighs flexed on trunk. Dr. Stewart administered chloroform until complete anaesthesia was induced. On passing the right hand into the vagina and grasping the tumor, I found it almost uniformly hard and firm, conveying to the touch very little sensation of a hollow viscus.

Having the fundus in the hollow of the hand, I made pressure upwards, whilst with my fingers encircling the sides, I endeavoured to dilate the os and displace the sides, the left hand by pressure on the abdomen steadying the organ.

After fifteen minutes manipulation, cramp in the hand compelled

me to desist, before, however, withdrawing it, Dr. Walker with his arm bare, and anointed, was at hand instantly to relieve me. Drs. Coldham and Hayes successively following. In this way for an hour and a half, attempts at dilatation and pressure upwards were continued. Dr. Stewart then reporting a failure in the pulse, we reluctantly for the time abandoned our efforts, having in that time accomplished only slight dilatation of the cervix, and increased elasticity and softness in the tumor. Very little hæmorrhage attended the operation. Some three or four weeks after this failure the patient was seized with violent hæmorrhage, and did not recover from this attack sufficiently to permit a second effort at reduction, before the 25th of last January I then repeated the former treatment assisted by Drs. Stewart, Salmon and Hayes. As on the first occasion, I found the bed too low, I had the patient placed on a high table, in the position for lithotomy, and again after more than an hour and a half of uninterrupted attempts at reduction, had to experience the bitter mortification of announcing to the friends a second failure. Viewing our want of success as the result of our inability to overcome the encircling cervix, for I had successfully tried Dr. Noeggerath's method of indenting the cornua, without, however, the happy result, of the fundus following, I advised the husband as soon as his wife was in a condition for travel, to take her to Dr. Thomas of New York, who would probably consider the method by taxis to have been sufficiently tried, and would, therefore, practice the *ultima ratio* of abdominal section, and the use of the steel dilator acting on the principle of a glove stretcher on the constricted cervix, thus dilating it, and returning the organ to its normal position.

After an interval of many weeks, Mr. A., unwilling to subject his wife to the fatigues incident to travel, wrote to Dr. Thomas to come to Port Dover and operate, but on receiving a letter from that gentleman, requesting him to bring his wife to New York, as he could not leave the city, Dr. White, of Buffalo, N. Y., was sent for, and on the 11th of March that gentleman, assisted by Drs. Stewart, Salmon and myself, in an hour and ten minutes succeeded in accomplishing the desideratum we had so earnestly striven for in vain. Dr. White, I am informed, purposes publishing the case in the "Gynæcological Journal," and it will therefore be needless for me to enter minutely into the details of the operation as practised by him. As, however, many of your readers may not see that journal, I will briefly describe the method so successfully employed *En passant*,

I would remark that I can hardly conceive a case that would resist his mode of procedure.

Having elevated the bedstead on four chairs, he placed the patient transversely, with the nates at the edge, and thighs well flexed on trunk, Dr. Salmon grasping the right leg firmly, whilst I did the same with the left, Dr. White sitting in the centre, and Dr. Stewart at the back, administering chloroform, completed the *mise en scene*.

When completely under the influence of the anæsthetic, Dr. White introduced a large speculum, and through that a wooden compressor, dilated and slightly concave at the end applied to fundus uteri, whilst at the projecting end a powerful spiral spring, capable of exercising a pressure of from seven to ten pounds, was attached. With one hand at base of spring, he kept up a continued pressure, whilst with the left in the vagina, he kneaded the cervix and dilated the os. Here I cannot refrain from remarking on his wonderful power of endurance. Ten to fifteen minutes, in the previous attempts we had made, invariably rendered our hands powerless; whilst Dr. W., after thirty or forty minutes in the exquisitely painful and cramped position for the hand, only faintly indicated by his countenance the distress he must have been enduring. To that power of long continued manipulation, much of his success may, I presume, be attributed. After some thirty or forty minutes of pressure with the hand on spring, he placed it against his breast, and used an amount of force that I, in my simplicity, would have conceived sufficient to rupture the bladder and the whole vaginal attachment. At the end of an hour, Dr. White, as also Drs. Salmon and Stewart, were alarmed at the patient's breathing and appearance, and Dr. W. reluctantly determined on relinquishing the attempt at reduction for the time, but as, in a conversation I had with her before the operation commenced, I learnt that she was fully determined, if we failed this time, never to submit to further efforts, I enquired of him whether he thought another ten minutes would suffice for success, and on his replying in the affirmative, I urged him to continue, as in my judgment I considered it safe to keep her for that additional time under the chloroform. The pulse then being most carefully watched, the pressure was resumed, and in less than ten minutes the uterus resumed its accustomed place, and the patient, by Dr. White's skill, rescued from a living death, in the estimation at least of Hippocrates, who, in his aphorisms, says, "Propter uterum est mulier." No bad

symptoms followed the operation, and the lady is now able to take moderate exercise. Dr W concurred with us, that the inflammatory attack had so thickened the structure of the organ, as to account for our want of success. We had, however, not then received the lesson, of the amount of force that may skilfully be employed without rupturing the vagina.

In conclusion, I would express a hope that, among your numerous subscribers, there may be found many who will be willing in the future to chronicle their failures, equally with their triumphs, being well assured that frequently the former will afford the more instructive lessons of the two.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHARINES, Tuesday, March 28th, 1871.

Dr. Goodman offered some remarks upon the treatment of croup. He had seen two cases of true inflammatory croup within a few days. In one case he was called in when the patient was nearly in articulo mortis. The child had previously been under the care of a homoeopath. In this instance great relief was afforded by keeping the patient in an atmosphere of vapour, but the disease terminated fatally. The other case was that of a child of three years of age, seen immediately after the occasion of grave symptoms. A canopy and vapourizing apparatus were promptly arranged, and the patient was kept respiring the moist warm air for several days, at the same time mercurial action was sought to be induced by calomel and half drop doses of Fleming's Tinct. of Aconite every two hours and mercurial inunction, as improvement became manifest a short dry cough was relieved by small doses of chloral hydrat. Zinc sulph. relieved the laboured breathing and promoted the expectoration of false membrane. The aconite was an excellent calmative, and promoted the action of the skin.

Dr. Mack recommended sulphate of copper in emetic doses very highly.

The Chairman, Dr. Oille, had employed the steam freely, and found the best results from the action of tartar emetic at the onset of the complaint, with hot baths, and emetics of alum to facilitate the expulsion of false membrane as the disease advanced.

Dr. Sullivan recommended iodide of potassium when mercurial action was tardy.

Laryngotomy in this disease was then freely-discussed; the general argument being against it, except when resorted to in affections of the glottis and rima glottidis simulating mercurianous or inflammatory croup, and the strong argument being the difficulty of inducing guardians and relations to permit the operation until too late.

The Chairman said that he desired to recommend to his confrères the suggestion of Dr. C. C. Fuller in the last Braithwaite to exhibit drop doses of wine of ipecac as an anti-emetic in sympathetic vomiting. He had tried the prescription with the happiest results in a case of most obstinate vomiting occurring in a child suffering from pertussis, on three different occasions at an interval of several days; the distressing symptoms had been effectually controlled. Dr. Comfort had informed him of a similar result in a case of vomiting in pregnancy.

Tuesday, April 11th, 1871.

Dr Goodman reported favourably of the effects of chloral hydrate in a severe case of protracted labour, the remedy produced no nausea, but in moderate doses at intervals of two hours afforded great relief.

Dr. G. had also met with an interesting case of cerebro-meningeal congestion in a child. The patient had been labouring under malarial fever for some time, and had been attacked by the cerebral disturbance after prolonged swinging as an amusement. When called in Dr. G. found the pulse slow and laboured, the pupils acting in a remarkably irregular way, oscillating as it were between contraction and dilatation in a fitful manner, stupor, from which he could be aroused so as to reply intelligently, obstinate vomiting, bowels constipated, &c. Ordered one grain calomel every hour, enema of terebinth. and *ol. rami*, leeches to temple and sinapisms to the extremities. On the following day the patient was better, improvement followed the action of the Bowels.

Dr. Mack then read the following paper on *fibrous tumors of the uterus*:

FIBROUS TUMORS OF THE UTERUS.

BY THEOPHILUS MACK, M.D.

(Read before the Medical Mutual Improvement Society, St. Catharines.)

One of the most important organs in the economy of nature, and one also, a large segment of which, in the present state of surgery, is ominously tabooed to the most enterprising confrère, is unfortunately very frequently the seat of a parasitic production—the fibrous tumor—deriving its nourishment from the bosom of a parent, it is ultimately to destroy.

There is no neoplasm which, after having been so confounded with other morbid growths by the old chirurgeons who endowed it with sixteen different names, bewilders the young practitioner more than this. He is met with *in limine*, by "Fibroid" as if it meant something a shade different, "fibrous polypus," as if the fact of its being pediculated altered the whole distinctive character of the disease, or "fibroma," or "myoma," and it is only after a bother, (Hibernice) that he is awakened to the discovery that they are just all one and the same.

Fibrous tumours occur in the cellular tissues and are generally developed beneath investing or lining membranes. Of all anomalous growths which have their seat *in utero* they are the most frequent, varying in size from a hemp seed to an adult head. Unfortunately they have their seat more frequently in the fundus than in the cervix. Smooth or superficially lobed, they have always a spheroidal shape, and are extremely firm to the touch, unless œdematous from undergoing change. They are somewhat elastic and heavy, and sections of these productions bear a nearer resemblance to intervertebral cartilage than to any other natural growth in the body. Portions of their substance may be yellow, brown, or blue, with white lines or bundles of fibres in concentric circles or curves, the fasciculi of the bundles diverging and interlacing, sometimes the fibres are matted into a nearly uniform white substance, sometimes exactly resembling the fibrous tissue of the uterus, in fact a slight alteration may produce the fibrous tumour from the same blastema which gives origin to the uterine fibre. The blood vessels are venous, and are distributed chiefly in the areolar tissue, the vascularity is by no means uniform, some can easily be injected from the uterus, others remain quite pallid; no lymphatics are to be discovered.

Cruveilhier says that the venous system suffices for the simple nutrition of these productions of a low order of vitality, this circulation flows from sinuses or conduits devoid of regular coats in the fibro-cellular tissue, to a net work of veins surrounding the circumference of the tumour, and communicating with the circulation of the womb. Under the microscope, smooth organic muscular fibres are more or less present, nuclei are strewn through the substance, but often we find rather a fibrous appearance than a fibrous structure.

Among the results of degeneration of this morbid structure, two of the most remarkable are the formation of cysts and calcification. The cystic change after an œdematous condition, results in development of multilocular cysts, or a single cyst in the periphery of the tumour. This metamorphosis arises from obliteration of the blood vessels creating an infiltration of fluid which, re-uniting at certain points, becomes encysted; sometimes the wall is formed like a geode from the fibrous tissue itself. The fluid varies in colour and consistence very much, being clear straw-coloured and serous, or thickly viscid and dark, or like synovia, sometimes containing more or less cholesterine. Calcification may be compared to the crystallization of saline fluids obstructed in their current and causing the anatomical alteration of the production by the infiltration of calcareous matter due to the obstruction of its nutrition.

Suppuration and gangrene likewise terminate the life of a fibrous tumour occasionally, and under favourable circumstances they are "consummations devoutly to be hoped for." In a few cases a more favourable issue yet takes place, namely,—atrophy.

As to the origin of fibrous tumours it must be confessed that we are at a loss for a satisfactory theory, one thing only appears definite, that they are not hypertrophies of the normal uterine fibrous parenchyma, but independent morbid growths not continuous with the substance of the organ but surrounded by their peculiar cellular atmosphere, they are not exclusively incident to either celibacy or the married state, and are seldom found before the age of twenty-five.

A diagnostic point with reference to carcinomatous diseases is that they are more frequent in the upper segment of the womb than in the cervix.

As the scope of all communications to this society is intended to be eminently practical, I think I shall subserve this design best by the description of a few typical cases selected from memory chiefly. When the fibrous tumour grows into the pelvis submucously it gene-

rally becomes more or less pediculated. In the form of a fibrous polypus we are now fortunately able to triumph over the disease very uniformly.

A lady married, mother of children, complained of an obstinate debilitating metrorrhagia for which she had failed to obtain permanent relief for a period of two or three years. The uterus measured about $1\frac{1}{2}$ inches more than it should with the sound, os patulous, and the sound gave the sensation of passing over an uneven surface just above the os internum. The uterus imparted the impression of more than normal weight. Two sponge tents were introduced at an interval of twenty-four hours, the second and larger being carbolized, was allowed to remain about forty-six hours secured *in situ* by a tampon of cotton, upon being withdrawn the vagina was douched for a few minutes with Infus. lini. An examination now enabled the forefinger of the right hand to detect a body engaged partially in the os internum.

The cervix uteri being continuously held with a long single toothed volsellum, used for drawing down the cervix in the operation for amputation of that part, the finger could be used so as to explore the substance, which was ascertained to be somewhat pediculated. The forceps being held by an assistant, a long uterine polypus forceps was introduced as the index finger receded, and by cautious manipulation it was ascertained that the blades held a substance in their grasp, the mass was then pulled down and a hold secured still higher up, where, by traction and rotation, a fibrous polypus was successfully removed about the size of a small plum. Cystic degeneration had occurred in the centre of the growth, after removal solution of persulphate of iron was freely applied, a piece of cotton saturated with a weaker solution of the same was left in the cervix and retained by a tampon in the vagina for twenty-four hours, when it was removed and complete convalescence ensued.

Mrs. ———, æt. 49, although evidently past the climacteric, complained of excessive menstruation, as she supposed it to be, the uterus being much enlarged. *Sponge tents having been introduced*, and the canal of the cervix fully dilated, a fibrous polypus was discovered with a broad pedicle attached to the upper part of the cervix. A wire cord having been passed round the pedicle with Braxton Hick's instrument and tightened, it was allowed to remain in that strangulated condition for about six hours, when it was crushed through by screwing up the wire, and removed. The growth was

about two inches in length and half an inch in diameter, it was an unchanged fibrous production

3rd. I was sent for by a practitioner to see a lady who, he feared, was suffering from inversion. A dense heavy slightly elastic mass completely filled the vagina, the os uteri could be felt compressing the tumour and the sound passed fully up five inches within the uterus. The chain of an *ecraseur* with careful manoeuvring was passed up as high as possible, and the ratchet worked until it began to cut, after a few minutes the mass severed from its attachment near the fundus, and by steady traction with strong polypus forceps, it was delivered through the vulva. This tumour was fully as large as a foetal head at the seventh month, a small portion was undergoing fatty degeneration. Strong solution of persulphate of iron was applied to the place where the pedicle had been crushed off, and both uterus and vagina were tamponed with cotton soaked in a weaker solution; a good recovery ensued.

The fibrous tumour will attain an enormous size when, although submucous, it is also in a certain degree parietal.

4th In this case the woman about 45 years of age sent for me to consult with her attending physician, when reduced to an extremely low state. Within the cervix about two inches from the os uteri could be discovered by conjoined palpation, a large submucous fibrous mass. A sponge tent which had been introduced by the attending physician having failed to dilate sufficiently, I divided the cervix freely with a pair of scissors, the tumour being then steadily drawn down by strong forceps, I made out a narrowing portion, and I could feel its attachment from below the fundus to about two inches from the os, upon the right side. It certainly was not a pedicle, yet I considered that the surface left exposed would not prove to be too extensive. The wire cord of Braxton Hicks' instrument was placed as high up as possible, but broke upon tightening, the chain of the *ecraseur* was then made to crush off a large segment, and several smaller pieces having been detached by the nails and torn away by the volsellum, or strong serrated forceps, the *ecraseur* was again employed, and another large piece removed. As the patient had been upon the table nearly four hours, and as much more than three-fourths of the growth had been removed, it was thought prudent to desist; styptics were applied and she convalesced without any bad symptoms. The growth appeared to be intermediate between the submucous and the parietal tumour.

The frequent hæmorrhages in these tumors are caused most probably by the rupture of the veins between the fibres in the cellular tissue. A lady aged 30, sterile, came to me from one of the south-western States, to be cured of what she considered to be "incessant menstruation." Upon dilatation of the cervix, I found near the fundus a hard irregular submucous growth, with a broad base, around which I managed to get the wire of an ecraseur, and I easily crushed off a mass about the size and shape of a cow's teat, this tumor was gritty with calcareous matter and pieces of what resembled bone, with fibrous fasciculi and fat. After one year the tumor returned, when I again removed by torsion and evulsion with a forceps a much smaller fibrous mass, and a month or two subsequently I used a curette freely, and after a couple of weeks more, applied acid nitrate of mercury to the lining membrane of the uterus. It is now nearly eight years since the treatment and the lady has enjoyed excellent health.

An illustration of a parietal fibrous tumor occurred in a lady who came under my care for metrorrhagia and leucorrhœa, she was about 22 years of age, married, but childless. The tumor rose up above the pubes, and appeared to occupy the anterior half of the body of the uterus. The cervix was divided bilaterally as high up as possible, with great relief, after several weeks an incision was carefully made into the fibrous mass. Two or three months after her return home an immense evacuation of pus took place *per vaginam*, and the tumor diminished greatly, about a year after this occurrence she became a mother. Under this treatment, I have seen atrophy of the production on a few occasions, and almost invariably great relief to the hæmorrhagic symptoms. In enucleation, or incision, or electrolysis, or cauterization of these parietal fibrous growths, I believe the danger to be chiefly from septicæmia.

I am sorry to say that there is only one little manœuvre, that of pushing the tumor above the brim when it has increased in size so as nearly to fill the pelvis, which can afford to the poor sufferer any relief when the fibrous growth is subperitoneal. When cysts are developed the fibro-cyst may be evacuated with benefit.

Mrs. —, of Gowanda, New York, consulted me for an abdominal tumor. For many reasons I diagnosed a cyst attached to the uterus and not ovarian; I evacuated the cyst *per rectum* and secured a drainage tube within it upon removing the trocar. This woman appeared temporarily much relieved, and I lost sight of her.

Mrs. Bender, aged 47, mother of thirteen children, five years previously complained of uneasiness in the hypogastric region. Menstruation became irregular about two years ago, when she supposed that she was pregnant, then she had metrorrhagia, then a suppression for three months, followed by an excessive flow for six months, another intermission and then a metrorrhagia, which has continued for nearly three months, up to the time of this report, March 1st, 1871 Mrs B, first consulted me for what she supposed to be dropsy She stated that the abdominal enlargement had commenced about three months before, and that it gave her great distress, she had previously suffered from pain in the right iliac region, which was now more urgent in the mesial line with bearing down and bloody discharges from the vagina External examination shewed the abdomen to be greatly distended by fluid, dull on percussion, no wave to be detected. The uterus was enlarged and eroded at the os; but no tumor could be discovered upon exploring through Douglass' cul de sac Urine normal in quantity and character, appetite failing The symptom most complained of was the abdominal distension; the limbs were not anasarcaous Diagnosed an ovarian tumor (cystic) and ascites She was treated with constitutional remedies to improve the general health, and upon the 18th of March, her friends insisting upon an operation, after all the dangers being fully explained to them, she was completely anesthetized, by Dr. Alexander and assisted by Drs Goodman, Sullivan, Gille, Comfort, and my brother, an exploratory incision was made Upon opening the peritoneum, a thin sac filled with fluid immediately protruded through the incision, which it followed as it was enlarged. Upon introducing the hand, it was evident that the cyst was not ovarian, a trocar was introduced and about two gallons of a straw colored thin serum was evacuated, and the sac drawn out, when it was found to be attached to the fundus uteri and to contain a fibrous tumor at the bottom, about the size of a cocoa-nut, united by a pedicle to the top of the womb anteriorly The upper surface of the tumor viewed from within the sac was purple colored, with several small cysts rising from it. After some hesitation I decided to remove the tumor and cyst, for the following reasons —Firstly, the examination had extended far beyond the limits of an ordinary exploration with abdominal incision. Secondly, to cut off the cyst and secure it externally was impracticable from the tenuity of its texture, to return it, and unite the wound would seem very likely to produce a number of evil con-

sequences. Thirdly, there was a distinct pedicle and it was at a spot most favourable for securing it by clamps, and lastly, it was quite evident, from the rapid growth of the cyst, that the tumor if allowed to remain would soon prove fatal. The pedicle was then secured by clamps, ligatured by whipcord and divided by the ecraseur and the subsequent steps, after gastrotomy, as fully described by me in a successful case of ovariectomy, to this Society at a late meeting, having been completed, I felt some hopes of a successful result. For three days she did well, but on the fourth she began to sink, and died on the morning of the fifth day, from septicæmia. Upon *post mortem* examination, a small quantity of thin partially decomposed blood was found in the pelvis, of this we had no indication, although vaginal examinations were daily made, so as to open with a trocar and draw out the pelvic cavity, if any fullness from extravasation could be detected. Traces of incipient cystic disease were found in both ovaries, the peritoneum deeply colored. Such is an instance of the degenerating submucous fibrous growth, which no man can diagnose without peritoneal section. I shall always regret that this operation should have been so imperfect, and I recommend in any similar case the removal of a portion of the uterus, ovaries, and fallopian tubes, so successfully effected by Dr. H. R. Storer, of Boston.

SYNOPSIS OF MEDICAL WRITERS ON THE NATURE OF
CONSUMPTION WITH THE MODERN RESEARCHES
OF CHEMISTRY AND THE MICROSCOPE.

BY C. B. HALL, M.D., TORONTO.

Under the name of Marasmus, Tabes, or wasting, the disease known in modern times by the name of Consumption, has been studied and more or less properly understood, from the very earliest ages.

In the sacred book of Leviticus it is one of the "plagues walking in darkness," with which the rebellious Israelites were threatened, when it received the name of consumption. And still earlier if we are to pay any regard to Manetho, the famous Egyptian writer, who, according to the report of Eusebius relates that Athotis, an Egyptian king, wrote a treatise on anatomy and diseases of the lungs. This king, if the Egyptian chronology was to be depended on, lived many

ages before Adam. It is also related of Hippocrates, that being called upon to cure Demetrius of supposed madness, found him dissecting animals in order to discover the causes of diseases of the lungs, upon which the learned doctor reported him not only in his senses but the wisest of men.

Success, however, followed far in the rear, and but poorly rewarded the faithful laborer; for we find a Pupil of the really learned Pythagoras describing respiration from a very limited knowledge of the facts. "As soon," says he, "as the humidity, of which there is great store in the first formation begins to be diminished, the air, (insinuating itself between the pores of the body) succeeds it; after that the natural heat by its tendency to make its escape, drives the air out, and when this natural heat enters the body again, the air follows it afresh, the former of these actions is called inspiration, the latter expiration, (Junty.) Notwithstanding the increased knowledge given us by Histologist, chemists and microscopists, in a popular sense, Consumption is considered a disease solely of the lungs, and so has been from the very earliest records, till within the last few years, nor is it yet satisfactorily explained why the tubercular deposit almost invariably finds its resting place in the parenchyma or sponge-like substance of the lungs. The different varieties of the old writers having passed away—I need not allude to them—for since the period of the distinguished introducer of Stethoscopy, Laennec, pathologists have generally admitted but one species of phthisis, the tubercular, and have considered that the existence of tubercles of the lungs constitutes the proper character of the disease, though Dr Dunglison thinks it may be well to include under the term, all those forms of disease of the lungs which arise from the formation of tuberculous matter, or of deposition and indurations, which are allied to it, in the substance of the lungs.

Wherever tubercle is found it is in a solid state and consists of about 98 parts of animal and two of saline matter, comprising chloride of sodium and phosphate and carbonate of lime. Some of them, however, almost entirely calcareous, consisting, according to the analysis of Dr. Marshall Hall, of only three parts animal and ninety-seven of saline, mostly phosphate of lime with some carbonate of lime and carbonate of magnesia. There can be no doubt that tuberculous matter as it escapes from the blood is more soft and fluid than as generally found, and while in this state capable of being acted upon by the absorbents, and affected by the medical properties of Iodine, Bromine and Mercury.

Gerber maintains that albuminous or unorganized tubercle can only be produced from exudations abounding in albumen and poor in fibrine, and that such exudations are more likely to occur from blood which possesses less of the plastic or fibrinous material.

Virchow says that tubercle is not developed exudation, but merely metaphorphosed pre-existing tissue elements, to which in their primary state, the name of tubercle could not be applied, and that consequently the tubercular metamorphosis is not the mark of a specific process of a particular constitution, and that tuberculation the indubitably local process by which the body described by the name of tubercle is formed, is not a peculiar specific exudation, but a peculiar transformation of tissue element. This corresponds with Bennett's view of the tubercle being formed from the simple exudation of the liquor sanguinis and converted into tubercle proper by the deficiency of the plastic, or as he terms it, the oily elements. Mr. Gulliver has examined with great care the minute texture of tubercle, and says, "the animal substance is mostly granular matter formed in cells with nuclei,—the cell walls breaking down with the increase of the tubercle, but if so they are not able to develop themselves as ordinary tissue, their primitive cells can only retrograde and degenerate, since they are wholly destitute of plastic force from the beginning.

Dr. Theophilus Thompson, writing from the most extended observation has published a most elaborate work on the microscopic signs shown in the sputum in the different stages of the disease. He says, "in the formation of the epithelial cells we can trace three stages, *first*, that in which a granular nucleus is apparent, *secondly*, that in which a vesicle takes the place of the granular nucleus, and *thirdly*, the period of decay; it would seem to be at the time when the albuminous element gains on that of the fatty or granular, that the first discoverable indications of phthisical deterioration occur, but whether the cell granule is from the first formation faulty, or whether any influence arises subsequently to check its healthy progress, we cannot at present determine.

Dr. Foureault of the Academy of Paris, a well known physiologist, published in 1814, a paper on the prevention of tubercular development which he altogether attributes to sedentary habits, inactivity and seclusion, which he says, "generate them by diminishing the functions of the skin and driving back into the torrent of the circulation the materials which the cutaneous surface ought to have eliminated, alterations of the blood are thus produced and these various kinds of

cachexia ensue," indeed he maintains that most chronic diseases are attributable to two principal causes, the want of muscular exercise and damp, which causes it to act mainly on the cutaneous surface producing the phenomena above stated, this simple paper, though following in the footsteps of Sir James Clark, Louis, Lænnec, and Scudamore, produced a wonderful amount of good by unearthing, as it were, the poor victims of this hitherto imprisoned and imprisoning malady. Double doors and windows to the entire exclusion of all pure air was the fate of the first symptom of tubercular formation.

Dr Leared, Physician to the Royal Infirmary for diseases of the chest, published in 1861 a report on some five hundred cases treated by the hot air bath (as an adjunct of course) in which he shows a great advantage in its use in all the different stages, and concludes with the remark, "if it unfortunately fell to my lot to be affected by phthisis I should give the hot air bath the fullest trial." Following this Regnault and Reiset completed their report on respiration, detailing many curious experiments on birds and mammals, showing the important part taken by nitrogen in the economy and its action on respiration. Dr Le Couppé, a French physician of the time, opposed the principle, as the cure could only be effected before the tubercles were in contact with the external air.

Schröder, Van der Kolk, Mulder, and Liebig, about this time gave the profession the results of their extraordinary investigations. Schröder gave his microscopic examinations of the sputa, showing by plates the appearance of the three different stages of the disease. Mulder gave the result of his experiment on the blood, showing the increased quantity of water and the specific action on it of acids containing no hydrogen, as oxalic, tartaric, carbonic, and carbonic oxide, and Liebig promulgated his theory of the development of animal heat by purely chemical changes, and the oxydation or arterialization of the blood by the action of certain salts, thus relieving the lungs from what had been considered their peculiar duty, and adding greatly towards the cure of consumption by keeping, through these salines, the blood in a more healthy state, when the lungs were incapacitated. Malpica says "it is not necessary that the bright red color of the blood should be owing to oxygen, or the dark to carbonic acid, because the same change of color can be produced by solutions of entirely neutral salts which do not disengage oxygen, as saltpetre, sulphate of iron, &c."

Professor Hughes Bennett, than whom perhaps no man in the

profession has done more for the elucidation of this most intricate disease, has clearly shown the microscopic and chief chemical changes, not only in the formation of tubercle, but in the further progress to the termination either in dissolution or restitution

The chief and perhaps only true cause is hereditary and in this frequently passing over one or two generations, lying at times latent for several years, and at last brought into action by cold, exposure to wet, sudden transitions from heat to cold, living in over crowded rooms, and without proper care in changing clothing, in passing from overheated rooms and workshops to the cold damp air. Thus you find it among tailors, compositors, metallic grinders, and those unfortunate and injudicious people who persist in following an occupation to which they have become attached, but lack physical endurance to bear its fatigues. And this applies as well to mental as bodily labors, indeed Dr. Thompson, (to whom I have referred) alludes to depressing mental impressions as predisposing to phthisis, the terms "breathless anxiety," "breathless suspense," are not mere metaphors, any unnatural retardation of the respiratory act must be calculated to produce pulmonary congestion, and to take most effect in those parts of the lungs which in the ordinary condition are most actively engaged

This may also be explained by the unfavourable effect produced by mental depression on digestion, and may thus predispose to various disorders. All these unfavourable influences may be regarded as producing their effect, first by deteriorating the supply of blood and secondly, by occasioning congestion of the lungs. Mental depression and bad air, in all probability, alike retard the respiratory act.

Blood in its healthy state shows an alkaline reaction, and this is greatly increased in the tubercular diathesis, and still more as the disease progresses, but one of the striking peculiarities of the consumptive tendency, is the increased quantity of water in the blood. Many months before any appearance of tubercle, or even suspicion of danger, the corpuscles, or blood globules can be seen floating in the increased serum, detached from one another, and lying in irregular order.—(Raney.)

So also may be observed, long in advance of marked constitutional disturbance, the greater acidulous action on the mucous surfaces, rendering the albumen more soluble, and more easily carried into the circulation, and mingled with the blood, thus pre-disposing to the formation of tuberculous deposit.

Dr Hutchinson of the Brompton Hospital for consumption,

invented an instrument called the spirometer, for testing, by powerful inhalation of atmospheric air, the vital capacity. In some hundred cases examined, he found the average reduction after the second stage, or after softening has commenced, to be more than fifty per cent, whilst in the first stage, that before softening, about thirty per cent, from which he concludes, that when an individual expires his average quantity, it is fair to assume that he is free from tubercular disease, and when the quantity nearly approaches the average, we may reasonably conclude, that the tubercular disease, if existing, has made but little progress.

It is well known that the appearance of the gums indicates lead poison and other affections of the blood. This led Professor Thompson, to draw up a table showing this state in consumptive subjects, in which he shows "a mark at the reflected edge of the gums, usually deeper in colour than the adjoining surface, this mark, being in most cases a mere streak, in others a margin, sometimes more than a line in breadth. In the most decided cases, this margin is of a vermillioun colour, inclining to lake, as a general rule, the line is most distinct around the incisor teeth, but it is frequently apparent also around the molars. Raney's and Van der Kolk's plates exhibit cases where the discs, instead of retaining their proper outline, become stellaform serrated, or corrugated, especially cases which are proceeding badly. When these marks are more apparent, it is not uncommon to find hypertrophy of the border of the gum, suggesting an analogy to the tightened and deep coloured skin around the border of the nails, attending even slight degrees of clubbing of the fingers. The altered aspect of the gums seems to precede any obvious change in the fingers. The diffused inflammatory redness resulting from the administration of mercury, or other irritating medicines, is readily distinguishable from the clear defined border of the consumptive.

Thompson says, 'I believe this line to have much diagnostic value in early, or still more in threatened phthisis, when unaccompanied by any other morbid condition adequate to explain its occurrence.

Though deficient and improper nourishment has much to do with the development of tubercle in after years, still we cannot overlook the natural tendency in the purely hereditary case, where the originating elements are first apparent in the mesenteric glands, when a disturbed and hurried function, a condition short of that which induces serofula or enlargement, occasions an imperfect performance of their part in the formation of healthy blood. Healthy nutrition consists in the proper admixture of mineral, albuminous and oleaginous elements, or, as

they have been termed, carbonized and nitrogenized; or, as they are called by Liebig respiratory and sanguineous elements of food. This process can be entirely controlled from early childhood, and, therefore, much can be done by carefully regulating the proper supply of nutriment in the growth of any person when a predisposition to the disease exists.

Previous to the time for lung disease to be peculiarly manifested, there is what has been called the brain era, in which there is a tendency to tubercular deposit in the soft substance of the brain. Procoity, terminating in hydrocephalus is in such instances common, it is amongst such we find individuals pale and prematurely wise, "exhaling like the early dew before the morning sun."

It is in these cases that Mulder has pointed out the peculiar state of the blood, and that it is then subject to chemical changes and capable of being acted upon by chemical agents, such as the acids void of hydrogen as oxalic. Wood sorrel (*oxalis acetosella*) known to abound in oxalic acid, has been used beneficially in a very early day for those cases marked by the gums above described. These are cases bearing the clear stamp of hereditary tubercular consumption, engendered in infancy, fostered in childhood, developed in maturity—growing with their growth, and strengthening with their strength, and like the over-ripened fruit, proceeding to decay ere the bloom of perfectness has faded from its cheek.

Exudations may be produced in the lungs, the results of congestions entirely freed from any taint of the disease, but so completely simulating as almost to deceive the most skilled. For three or four years there has been a patient attending the Toronto Dispensary with extensive solidity of both lungs, incessant cough, excessive expectoration, and general symptoms of phthisis. Yet he continues coming with his bottle, and may continue to do so. This man, I need not tell you, has not pure tubercular deposit, it is a mere vascular exudation, and capable of being absorbed, though the deposit may be as constantly renewed. In his case, iodine, with gentle expectorants and cod liver oil to grease the wheels of his chariot, may enable him to finish his course.

I quote again, from Dr. Thompson, "the vehemence of cough bears no relation to the severity of pectoral disease. It is sometimes a symptom of hysteria, and connected with chest affection. When hysteria is associated with incipient phthisis, it will often be observed that it is remarkably modified in its pheno-

"menstrua, not exhibiting its more common symptoms of globus hystericus—laughing, crying, &c., but by aggravation of cough, and even by capricious and inordinate hæmoptysis." Stokes speaks of a peculiar deposit in typhus fever, producing a softening of organs, and is a matter of great practical importance. Tweedie holds the same views regarding bilious and common fevers, the result of congestions and exudations during the run of the fever. A case is mentioned by Dr. Crasse, of a patient who was affected with obstinate cough, in which there was a hereditary tendency to consumption. The aspect was rather unpromising, and there was dullness on percussion in the right sub-capular region; but the absence of any tubercular element in the sputum, when microscopically examined, encouraged a favorable prognosis, successfully confirmed in the issue.

A few years ago, a patient from the west consulted me about a great suffering in his head, of two or three years standing. The marks of the free use of cupping were apparent on and about the temples. There was no cough or complaint of the chest. I could not detect any abnormal sound, but from the microscopical examination of the blood and sputum, I suggested the possibility of tubercular danger, and wrote this to his physician. He could detect nothing amiss with the lungs, and doubted the correctness of my diagnosis. In two years he died of consumption, and a *post mortem* showed nothing wrong in the head.

So also there is, as the result of pneumonia, extensive deposit, causing solidity, with softening, breaking down, expectoration, with destruction of great part of the lung, and at last carrying off the patient with night sweats, hæmoptysis, prostration and decay. These cases are sometimes called *acuta phthisis*, running their course rapidly, either checked by proper treatment or ending in dissolution in a few months, though some cases have been prolonged into years. The pathology of all such cases is perfectly understood, and the treatment clearly enough laid down, nor is there any peculiar or extraordinary change in the blood, to produce a deposit like the proper tubercle, causing, as it does, destruction of adjoining tissue from its abnormal elements; not by ordinary inflammatory action, ending in pus formation, but in a peculiar process described by Liebig, as distinct from the process of decomposition, named fermentation and putrefaction, but not less striking in the changes which occur. A slow combination or oxydation, — a gradual combination of combustible elements of the body to which he applies the term *Erreacatusis* or decay — the conversion

of wood into humus—the formation of acetic acid out of alcohol, are cited as of this nature. There is no example of carbon combining directly with oxygen at common temperatures, but numerous facts show that hydrogen, in certain states of decomposition, possesses this property, (Leibig), though distinct from putrefaction, there is no doubt a similarity which enables them to replace one another. All putrescent bodies pass into a state of decay when exposed to the air, and all decaying bodies into that of putrefaction when air is excluded. All bodies, likewise in a state of decay, are capable of inducing putrefaction in other putrescent bodies. By this process alone can we properly account for the softening and destruction of tubercle.

The symptoms are unfortunately but too well known. One of the first is difficulty or irregularity of breathing. "Healthy respiration," Dr. Marshall Hall says, "is performed with ease and freedom, and without the aid of auxiliary muscles in any of the usual positions of the body." It is effected by a nearly equal elevation of the ribs and depression of the diaphragm, except in females, in whom the thorax is observed to move more than in males. Each side of the thorax moves also in an equal degree, and inspiration and expiration occupy nearly equal spaces of time, which, varying as they are given by different authors, may be set as eighteen in a minute.

A quick pulse with increased temperature—*anæmia*, with loss of power—loss of weight—general emaciation, with a feeling of incapacity—causing the poor sufferer to be accused of laziness or idleness, may be suspected as foreboding symptoms. However, the chief and almost only indication is the hereditary taint and the age at which disease has appeared in the family.

CORRESPONDENCE.

(To the Editor of the *Canada Lancet*.)

SIR, In your last number I read with satisfaction your comments upon the "contemplated Medical Act" for the Dominion, and cheerfully endorse many of the points by you so ably discussed. I received a copy of this Act and find a defect in clause XLIII. similar to that existing in the now "Medical Act" for Ontario, that is, in default of payment of the fine imposed that no penalty is attached such as imprisonment for ——— days. This, Sir, I would consider a very essential amendment to the clause, for many, in fact the major

ity of those infringing upon the law, and that clause in particular are travelling Quacks, from whom you cannot collect, after conviction, the penalty imposed, and who may snap their fingers at you and say, "go as far as you can, I have nothing you can touch" The money which they swindle out of the poor dupes who consult them (many of whom are to be found in every community) is pocketed and therefore beyond the reach of the law. A similar amendment I see was adopted to the clause immediately preceding, but it is just as necessary to the one to which I have reference.

Again, I would suggest the propriety of amending clause XLV, by having it read thus after the word paid "one half to the informer, and the remaining one-half to the Treasurer of the General Council" The great necessity for this is to offer an inducement to parties outside of the profession, for popular sympathy would be very readily extended to the victims of the law and against any member of the profession, more particularly, if he were the informer. The general council could name a party as preventive officer in each electoral division or district, similar to those appointed by county councils to afford protection and enforce their laws.

Yours,

A PRACTITIONER.

Gilgarry, May 13th, 1871

(To the Editor of the Canada Lauret.)

DEAR SIR,—At the quarterly meeting of the "County of Perth Medical Association" the contemplated Dominion Medical Act was made the subject of discussion, and after having been thoroughly discussed it was unanimously resolved, "that in the opinion of this Association it is undesirable to have any further medical legislation in Ontario for the present." Many considered it desirable to have a Dominion Act in due time, but thought that as the Ontario Act was serving a good purpose in hugging Homeopathy and Eclecticisim to death, it would be unwise to interfere with it until people had learned to see that no student, with his head in the right place, would desire to be examined in these systems, when he can just as easily pass the regular examination. In fact, should he prefer these systems, he is at liberty to treat his patients in any way in which he thinks he can cure them the quickest, even if he has passed the regular examination.

A. EBY, M.B

Sebringville, May 14th.

DEATH FROM ETHER.

In the May number of the *Lancet*, I observed an article under the above heading, and perhaps in this connection the following may not be uninteresting, though it is very imperfect, as I write from memory.

In September, 1863, while attending the Pennsylvania Hospital in Philadelphia, a woman was brought into the operating theatre to have a large tumor removed from one of her cheeks. She was etherized, and considerable progress had been made in the operation when the woman suddenly died. A *post mortem* examination was made, I think by Dr. Pancoast, but no cause of death was found, no explanation as to the probable cause of death was given, and it seems never to have entered the mind of any one, that the woman died from the inhalation of ether. The Americans at that time held that ether would not cause death, *ergo* it would have been absurd to hold that the ether had caused death in this instance.

No public report of the case was made, but it was impressed on my mind as a case of death from ether. I had previously seen a case of death from chloroform in the Toronto General Hospital, and the similarity of the death in both cases was so great that it struck me at once that the cause must have been similar.

A. E.

(To the Editor of the Canada Lancet.)

SIR,—Your classical correspondent who wishes to conceal himself behind the signature *Omeron* has, in his attempt to be critical, mentioned some of the articles one should have in his "kit," who sets out to travel on his way to "surgical distinction," so that he may neither stumble nor fall by the way. Perhaps he will permit me to add to the list given by him. Besides "a proper pilgrim's staff," I would suggest a strong pair of leg boots, they will serve to protect his feet from the "hard road" so that he will not be so likely to fall—fall it may be among thieves; not certainly thieves who would steal "trash," but who would not hesitate to try to "steal his good name." The leg boots would be further useful in two ways; one of these need not be mentioned, the other is by protecting the heels from any consequential cur that might pop out from behind the fence to snap at him.

But, sir, Omicron is unnecessarily concerned about my "aspirations to surgical distinction." My ambition consists in trying to discharge my duties to the best of my ability. Since I became a member of the medical profession, 17 years ago, I have pursued this course, with a share of success and of failures. I may not have attained to the distinction I suppose Omicron has secured, but I have, at least, this satisfaction, that I have never sought reputation by trying to defame another.

With respect to the case in question, although I have no occasion to shrink from the responsibility that belongs to me, I feel it right to say that the course I took was not contrary to any advice I was favored with. As to the question in pathology, about the position of the stone when removed, the "graphic illustration" supplied seems singularly appropriate to the case. I can imagine the blank surprise which would have rested upon the face of Omicron's Hibernian friend, so fresh from the Milesian fields, had he been told that a stone swallowed could not fall directly into the bladder, and I fear that the former "student of Sir William Ferguson" will catch for his "hated breath," when I say that the merest tyro in pathological anatomy can easily understand how a stone, gradually increasing in size, may dilate the neck of the bladder, even to the dimensions of a billiard ball.

I regret, Mr. Editor, that the necessity has been laid upon me of replying to an anonymous personal attack. While I have given the attack such attention as it seemed to deserve, it would have been a pleasure to have answered a manly and courteous enquiry over any gentleman's name.

Yours, &c.,

WM. CANNIFF.

Toronto, 17th May, 1871.

A CASE IN PRACTICE.

To the Editor of the *Lancet*.

SIR—On the 10th of March last, Thomas W., aged about 23, called upon me to seek relief from a very "severe" affliction, as he stated.

According to his own statement, some months ago, while residing in Albany, N.Y., he contracted a severe form of syphilis; but

consulting one of the learned physicians of that place, and adopting his mode of treatment, he considered himself cured. Soon after his return to Canada, however, the disease again appeared in redoubled fury. He now complained of numerous excrescences which had made their appearance upon and around the perineum, buttocks, and scrotum, some of them even extending to the vicinity of the groin. Upon examination, I found these excrescences exceedingly large, being about the dimensions of a medium sized almond. Of these, the free portion exceeded in size the adherent, giving to the tumors a pedunculated aspect. From the friction to which they were exposed, they were very irritable, and so sensitive that the patient was able to walk only with excruciating difficulty, being obliged to assume a crouched position, and move with extreme caution. They were humid, and secreted a muco-purulent fluid, of most disgusting odor, rendering approach to the person extremely disagreeable. This fluid was copious in quantity, and seemed to be increased by the irritation to which the excrescences were continually exposed, and the secretion of this discharge also seemed to foster the growth of the disease. These growths I considered as *condylomata*, and proceeded to the treatment accordingly. From the nature of the case, I found it necessary to employ both constitutional and local measures.

The *constitutional* treatment was as follows. I first prescribed a brisk cathartic, consisting of Leptandrin, Podophyllum, and Hydrargy. chloridi mitis. This acted freely on the bowels. After this preliminary, I ordered the following.

R
 Hydrarg. Bichloridi grs. v.
 Potass. Iodidi. grs. c.
 Aqua Pur. iv. oz.
 Infus. Quassia viii oz. Ft. Mist

Sig. Coch. mag. ter die.

As the patient complained of immense pain, sufficient to disturb his slumbers, I found anodynes indispensable, and accordingly prescribed Cypripedin and Hyoscyamus, which served the purpose admirably.

As the susceptibility to this gradually wore off, belladonna was substituted, and finally opium, in half grain doses, increased to one grain at bedtime, given in pill form.

The compound of potassium iodide, and mercuric chloride, was alternated with the following, which I have found to serve a most admirable purpose, as an anti-syphilitic, even where potassium, iodide and mercury have apparently proved ineffectual. It is this —

R.—Stillingin, grs., xxx.*
 Corydalin, grs., xxv.
 Podophyllin, grs., ii M Ft. chart, No. 15.

Sig unam ter die.

The *local* treatment adopted consisted of thoroughly cleansing the parts with tepid water, thrice daily, and an application of dilute nitro muriatic acid or chromic acid once in the twenty-four hours; the latter is to be preferred. Complete rest, as nearly as possible, was enjoined, and in the intervals after each application of the acid, the patient was ordered to dust the parts with *creta preparata*, or with zinc carbonate. The whole was to be confined with a bandage. To neutralize the fetor of the discharges, Liquor Sodæ Chlorinatae was used.

In addition to the above, the bowels were occasionally cleansed with a compound of Leptandrin, Podophyllin, and Mercurous chloride.

Under the above treatment, the patient has made a rapid recovery, and is now enabled to resume his vocation. The treatment is still continued, and will be for some time after every vestige of the disease has disappeared, to prevent a relapse.

J. G. CORNELI, M.D.

Toledo, May, 1871.

* *Stillingin* is the active principle of the *Stillingia sylvatica*, commonly known as Queen's delight, a remedy which has long had the reputation of being one of our most powerful alteratives. *Corydalin* is the active principle of *Corydalis For-rosa* (staggerweed). It combines most energetic alterative and resolvent powers with exceedingly valuable tonic properties, neutralizing and detorging, and promoting depuration, at the same time giving tone to the various organs concerned in the performance of these functions. With the properties of Podophyllin, the "Vegetable Calomel," all are sufficiently well acquainted.

The Canada Lancet,

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TORONTO, JUNE 1, 1871.

VACCINATION.

As we are at present threatened with an epidemic of small-pox, the subject of vaccination forces itself upon our attention. There can be no doubt about the efficacy of vaccination as a preventive of small-pox, and therefore the question that naturally arises is, how can it be best carried out?

There is a class of individuals that may be called vaccino-phobists who object to vaccination on the ground that not only does it not afford protection to the individual, but is also in many instances the means of producing irreparable injury to the system. It would seem scarcely necessary to notice such foolish objections, but if anything were wanting we have only to refer such persons to the reports lately published on this subject. Dr. Bridges of the Temporary Hospital for small-pox, at Hampstead, Eng., states that of 280 patients admitted during the late epidemic, 196 had been vaccinated and 84 were unvaccinated, among the vaccinated 8 deaths occurred or four per cent., while among the unvaccinated 27 deaths occurred or thirty-two per cent.

Dr. Cortis, a member of the Metropolitan Sick Asylum Board, mentions in support of vaccination, that out of 200 patients admitted into the Hospital, one-third of the deaths occurred among those who had not been vaccinated. While among those who had been vaccinated only one in twenty-four fell victims to the disease, and they were chief-

ly among those advanced in life, and who had partly lost the protecting effects of early vaccination. And Mr. Simon medical officer of the Privy Council, Eng., in his report to the Parliamentary Committee on Vaccination, mentions that in Rotterdam, with a population of 121,000, the deaths from small-pox per week were 116. At the Hague with a population of 92,000, a still higher rate prevailed, viz. 121 per week. This great mortality was owing to the fact that in Holland the vaccination of children was deferred until they were over seven years of age.

In order to prevent the spread of an epidemic, stringent rules should be observed and enforced, and public vaccinators appointed in all towns and villages. In Toronto the matter has been taken up by the Council, and public vaccinators appointed, one for each ward, and the authorities of other cities, towns, and villages should do likewise. But while every facility is made for the proper and careful performance of this duty, by the appointment of medical officers, an effort should also be made to enforce parents and guardians to present their children for vaccination.

It is generally believed that the best time for the vaccination of infants is about the sixth week. This period for vaccination is rigorously enforced in London, Eng., unless from the extreme delicacy or ill health of the child, it cannot undergo the operation. Hebra states that in Vienna it is the custom to vaccinate in early infancy, and that infants of ten to fourteen days old are often vaccinated without any injurious effects being observed, and he also advocates vaccination at this age. He seems to think that several marks are not necessary in order to secure the person against small-pox. Whilst other writers, especially English, consider that three, four or more vesicles are absolutely necessary to afford protection. Many good practitioners are of the opinion, however, that it is not so much the number of vesicles, as the successful nature or perfection of the vesicle which affords the best security. Great care should also be exercised in the selection and preservation of vaccine matter. The seventh or eighth day is usually considered the best time for the selection of lymph for future use, and this may be done by putting it between square plates of glass, or on ivory points or points made from goose quills, or by hermetically sealing it in capillary tubes, care being taken that the lymph may not be destroyed by heat. Crusts are the most convenient form for general use in the country, but great care should be taken in their proper preservation; they should be first enveloped in fine tin foil and bibulous

paper then coated over with wax, and afterwards covered again by tin foil, and kept in a moderately cool place. They should never be carried for any length of time in the pocket, as the heat of the body will be certain to affect them by producing a kind of fermentation or decomposition, and accidents have not unfrequently occurred from vaccination with such matter. The lance, which after all is preferable to any other instrument, should be perfectly clean and sharp.

Some have supposed that lymph when transmitted from arm to arm for many years, or what is called long humanized, loses its effect to some extent, and therefore it is recommended to renew it occasionally from the cow. This is a very important subject, and one regarding which there appears to be a good deal of difference of opinion, and in the present state of our knowledge it would seem to be the wisest and safest course to renew occasionally. Humanized virus, which is two or three removes from the cow, would seem *ceteris paribus* to be most certain in its action, and therefore best calculated to afford protection.

The subject of revaccination is another subject which has lately engaged the attention of the medical profession in England. Mr. Simon, the medical officer of the Privy Council, has recently published an important memorandum on this subject. He believes that, by a successful vaccination in infancy, most persons are insured for a lifetime against an attack of small-pox, and that, in the proportionally few cases where the protection is less complete, it will, on account of the vaccination, be generally so mild as not to threaten death or disfigurement. There is, unfortunately, a vast amount of imperfect vaccination, and consequently every population contains many persons who, though nominally vaccinated, are liable to the disease. It is, therefore, advisable that all persons who have been vaccinated in infancy, should, as they approach adult life, be revaccinated. The best time for this is when growth is about completing itself, that is, from fifteen to eighteen years of age. If, however, there is prevalence of small-pox in the neighborhood, or if individuals are exceptionally exposed to infection, the age of fifteen should not be waited for, especially in the case of young persons in whom the marks of previous vaccination are unsatisfactory. Revaccination, once properly and successfully performed, does not appear ever to require repetition. In proof of this assertion, he states that the nurses and other servants of the small-pox hospital, when they enter the service, are invariably revaccinated; and so perfect is the protection that, though the nurses are in constant attendance on the patients, and the other servants are in various ways

exposed to the contagion, during thirty-four years there has never been known an instance where any one of them has ever contracted this disease.

THE CONTEMPLATED MEDICAL ACT.

In our last issue, while we drew attention to this Bill, and pointed out the injustice of the proposed scheme for the constitution of the new Medical Council, we stated that certain amendments adopted by the Canada Medical Association were somewhat more impartial, yet we are quite satisfied that even these do not comprise that measure of justice which the profession of Ontario is fairly entitled to, for though we are quite willing to accept the *amended* scheme for the representation of the schools, we are not sure the representation accorded the *profession* will give satisfaction.

We do not think it just that Ontario with *fifteen hundred* medical practitioners and six Medical Institutions, should be confined to the same representation in the Medical Council as Quebec with *six hundred and sixty-four* medical men and four Medical Schools. We now leave the matter, however, with the profession, fully convinced that without a representation more in accordance with numbers, the "contemplated Act" will not be cordially accepted by Ontario, and will fail to secure adoption by our Local Legislature, which is necessary, to make it operative in this Province.

The Association at Ottawa wisely condemned the establishment of branch Councils, as we think all the functions allotted to them, can be more economically and quite as efficiently performed by small committees appointed from the General Council.

In clause 15, it is provided that the "general treasurer, and general registrar and secretary, shall likewise act as treasurer, and registrar and secretary, for the Branch Council of the Province of Quebec," thus fixing and centralizing the most important and influential offices, and the controlling power of the General Council, permanently in the Province of Quebec.

Why Ontario or the Eastern Provinces should thus be at the outset, permanently debarred by Act of Parliament, from the possession of these offices we cannot imagine.

We know, however, that this attempt to identify the General Council and the Quebec Branch Council, while the other Branch

Councils are made to appear as mere tributaries or subordinates, will militate very strongly against the acceptance of the measure.

Again, the establishment of three separate and distinct examining Boards, *with concurrent and intercurrent jurisdiction*, cannot be too strongly opposed. One portal *only*, is all that should be thought of in connection with a Dominion Bill. This is what the British profession is now striving for; this is what Ontario has obtained after a protracted struggle, and this is what a Dominion Bill *must* contain, before it will be accepted by the Ontario Legislature and profession, instead of the Bill which is now working with such satisfactory results in this Province.

It has occurred to us, however, in view of the wide extent of our Dominion, and the great distance students would often have to travel for examination before a single Dominion Board, and the large expense thus entailed upon them at a time when they can badly afford it, that probably an independent Council, and a single examining Board for each Province, exercising jurisdiction over all candidates for license to practice within each Province respectively, and *only*, might be, after all, the most feasible, economical and satisfactory.

Each Province would then control the licensing of all persons wishing to graduate within its limits, and one Province could not be accused of flooding another with incompetent or ignorant licentiates.

Ontario has one portal of entrance to her profession. Let Quebec and the Eastern Provinces establish similar Councils and Boards, and compel all candidates for license to practice in those provinces, to pass their respective Boards, just as Ontario does now, and as we hope she will continue to do.

We would allow candidates from the schools of one Province to present themselves for examination before the Board of any of the other Provinces, and perhaps from other than provincial institutions, without insisting upon attendance on lectures in the section where the examination may be held; but we would limit the power of the license, to that Province in which it might be obtained.

If our Sister Provinces wish to elevate their profession and to obtain local Bills, establishing for themselves single examining Boards, we will gladly afford them any assistance in our power, either by way of counsel, encouragement or example. If *they* can obtain medical Bills free from those features which are said to mar the perfection of ours, we will rejoice in their success, but *we* could not.

We are satisfied, however, that time alone is required to enable our Ontario Bill to accomplish all that any well wisher of the profession can desire in the way of purification.

REMOVAL OF THE KIDNEY.

A case is recorded in the *American Journal of Obstetrics* of the successful removal of the kidney in a colored woman, aged 33 years, by Dr J T Gilmore, Mobile, Alabama.

Following her first pregnancy, 4 years ago, an indistinct tumor appeared in the upper part of the left lumbar region, and was attended with considerable pain. Within the past 4 or 5 months the pain was so severe that the patient sought relief at all hazards. An incision was made along the outer border of the erector spinae, and on cutting down, the kidney was found in a kind of hernial sac in the quadratus lumborum, lying on the transverse processes of the first two lumbar vertebrae, its upper extremity corresponding with the last rib. Only one vessel required ligating. The kidney was much atrophied and the writer supposes that it had been displaced by the pressure of the gravid uterus in her first pregnancy, and compressed against the parts above mentioned. The woman—a negress—was 5 months advanced in pregnancy at the time of the operation, but recovered without abortion or any untoward symptom.

A case was recorded some time ago of a successful operation of this kind by Dr Simon, of Heidelberg, for the relief of an incurable urinary fistula, caused by a wound of the ureter, made during an ovariectomy. The success attending this case stimulated Dr. Gilmore to undertake the above operation.

TRINITY COLLEGE MEDICAL SCHOOL

Tenders have been advertised for the erection of the Medical School in connection with the University of Trinity College. This building, which is to be situated near the Toronto General Hospital, will be a plain white brick, two story structure, 74 feet long by 38 feet wide. On the ground floor will be the lecture room, 35 feet

by 40 feet, with circular seats elevated towards the rear, and also a waiting-room for the students, faculty room, and museum. The lecture room will be the height of both floors, and the remainder of the second floor will be used as a dissecting room. In the basement will be the laboratory, the prosecuting room, cate-taker's apartments, &c. We will give a woodcut of the building in our next issue.

MEETING OF MEDICAL SUPERINTENDENTS OF ASYLUMS.

The annual meeting of the American Association of Medical Superintendents of Lunatic Asylums, will be held in the city of Toronto during the present month. A large and influential gathering is expected, and matters of great importance with reference to the treatment of this unfortunate class of patients will be discussed. Delegates have been appointed from all parts of the States, and also from the various asylums in Canada. We hope they may have an interesting meeting, and one that may prove mutually profitable to all concerned.

MEETING OF THE MEDICAL COUNCIL.

We would again remind our readers of the meeting of the Medical Council of the College of Physicians and Surgeons, Ont., which is to take place in this city, on Tuesday, the 6th inst., at 12 o'clock, noon.

The weather is much more pleasant now than it was a month ago, and as it is generally a slack season, the representatives will have more time to deliberate on the various subjects which may be likely to engage their attention. We trust they will *confer* heartily on the business entrusted to them, and make such changes and improvements in the working of the Council as will be satisfactory to the profession generally. An interesting and profitable session is confidently expected, and it is our intention to give a full report of the proceedings in the next number of the LANCET.

TO ADVERTISERS.

We would especially desire to call the attention of advertisers to the great facilities afforded through the medium of the advertising columns of the *CANADA LANCET*, for bringing their wants, or business and educational announcements, under the notice of the medical profession. Our present circulation is greater than the combined circulation of all other medical journals, Home, and Foreign, now circulating in the Dominion of Canada. We have on our subscription list, the names of nearly all medical men of note in this province, besides a respectable number in the lower provinces, in which we are rapidly extending our circulation. Of the 1500 medical men in Ontario, we find no less than 1300 on our list. This we consider a very large proportion, when it is remembered that there are about 150 Homœopaths and Eclectics, many of whom are not subscribers to the "*LANCET*."

In consequence of the increased and increasing pressure on our advertising columns, we have been reluctantly compelled to advance our rates of advertising about 50 per cent. This, we have done in order to compel advertisers to condense their announcements within smaller compass. It is not necessary to put advertisements in large black letters with wide spaces as blind men never read them at all events.

HUNTER vs. OGDEN.

We are informed that this case is again to be brought before the courts. For the benefit of those who may not have seen the report of this trial in the December number of the "*LANCET*," we may briefly state the main facts of the case. The plaintiff, (Hunter,) sued Dr. Ogden, at the fall Assizes, 1870, for breach of contract, in failing to visit his wife in her confinement, at a certain hour, in consequence of which, her labor was prolonged, the child lost, and insanity of the mother produced. Damages were laid at \$3000. The defendant showed in evidence, that he did not promise to visit at a certain hour, that the labor (footling) was a comparatively short and easy one, and that insanity was hereditary, and had manifested itself, during gestation. A great many witnesses were called for the defence and the trial lasted two days. The jury returned a verdict for the plaintiff, with \$500 damages. Subsequently, an appeal was taken to the court of Queen's

Bench, and the damages reduced to one shilling, each party being ordered to pay his own costs. The verdict of the jury was set aside by the Judge, on the ground that Hunter could not recover, on account of alleged injuries to his wife, and this new action is entered in the name of Hunter and wife.

The re-opening of the case now looks more like persecution than anything else we can compare it with, and we feel that Dr. Ogden who is manfully fighting the battles of the profession, should have not only our moral sympathy, but also our active assistance and co-operation. These suits, many of them utterly frivolous and vexatious, are becoming too uncomfortably frequent, to be treated with coldness and indifference.

We trust that some measure of relief may be afforded by legislation or otherwise, from the thralldom, in which the profession is now placed with reference to such annoying suits.

DEFECTS IN THE MEDICAL ACT.

There is one glaring defect in the present medical act for Ontario, which it would be well to have remedied at as early a date as possible. Several convictions have been obtained from time to time within the past two or three years, against persons practising without a License or proper Diploma, but it appears in the first place, that under the present act, the amount of the fine cannot be collected, and secondly, that as there is no imprisonment in default of payment, the peripatetic Quack who has nothing at stake in the country, can carry on his vocation in defiance of the law. This is not as it should be, and we trust, that some effort will be made to have this defect remedied.

We have received numerous communications from prominent members of the profession, in different parts of the country, calling our attention to this matter, and we therefore, take the earliest opportunity of making public reference to it. It is very desirable, that every protection should be afforded those practitioners, who have complied with the requirements of the act; and every form of humbug and quackery, should be put down by the vigorous enforcement of the law, and if it has been found inadequate to meet the demands of justice, it is high time to make the necessary improvements.

We trust, the Medical Council will take some action with regard to this matter at their next meeting.

NEW TREATMENT FOR SMALL POX.

Dr. J. J. Garth Wilkinson, of London, Eng., has called the attention of the medical world to a new method of treating small-pox, which he has tried in four cases of varied degrees of violence, with complete success. In these cases he used *hydrastis canadensis* and *ceratrum viride* both internally and locally as a lotion. The former, he says, extinguishes the varioloid poison, while the latter subdues the inflammation and primary fever. With regard to diet, he advises a judicious use of brandy and water, claret, Carlowitz or Hungarian wines (post when the patient has begun to amend), beef tea and (in convalescence) fruit. He claims for this treatment that it abridges the duration of the disease, makes it almost painless, subdues the inflammation and primary fever, annuls the secondary fever, checks pustulation, prevents itching and stench, and saves the patient from any but the slightest pitting. He also claims for the *hydrastis* that it is an effective prophylactic or preventive to ward off the approach of the disease. He has published a pamphlet on the subject, which has attracted much attention in London, and will no doubt have a wide circulation among the profession. The plant named *hydrastis canadensis* is found within the limits of New York State, and probably elsewhere in the United States and Canada, and its tincture is made and sold for medicinal purposes. The plant is popularly called orange root, and sometimes yellow puceoon, but it must not be confounded with another plant commonly called puceoon.

Selected Articles.

GYNÆCOLOGICAL NOTES.

BY ROBERT BARNES, M.D.,

Obstetric Physician, and Lecturer on Midwifery and Diseases of Women and Children, at St. Thomas's Hospital.

IS IT RIGHT TO VACCINATE OR REVACCINATE PREGNANT WOMEN?

The question has frequently been put to me, Is it right to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is,

but also that it is more serious than the risk incurred by the women themselves by taking small-pox, and thus of propagating the disease to others. The community as well as the pregnant women must be considered.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? The following passage from Dr. Meigs's work on *Diseases of Females* (1848) has been cited to me as authoritative in this matter. "Do not," says Dr. Meigs, "vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." It would be very desirable to have the cases justifying this very emphatic assertion recorded. I fear there is some confusion in the matter. Thus, asking for evidences of mischief, as of abortion, from vaccination, I have been told of abortion and serious illness following small-pox. I do not doubt that small-pox is a most serious accident to a pregnant woman. But does it not follow, *à fortiori*, that pregnant women should be protected against small-pox?

My own experience has supplied me with many illustrations which warrant the following propositions.

1. Pregnant women living under epidemic or zymotic influences are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less able to throw it off. Their excreting organs, charged with the double duty of purifying two organisms, are liable to break down under the additional burthen.

3. The morbid poison then pursues its course in a system which is less able to resist its injurious action. Abortion and a most dangerous form of cerebral fever are very likely to follow.

Against this certainly greater risk of taking small-pox, and certainly greater severity of the disease if taken, what, I ask again, is the special danger of vaccination or revaccination? The operation, we know, is not altogether free from danger in adults of either sex. Before resorting to it, it is wise to get the system into good condition. Do pregnant women run more risk than other adults? Probably, they are at some disadvantage. But I believe that the special dread of abortion is exaggerated, if not altogether unfounded. The healthy ovum clings to a healthy uterus with wonderful tenacity. An ordinary illness, much less the slight febrile disturbance of vaccination, will not affect this relation. On the other hand, slighter causes may precipitate an abortion already imminent.

So far is vaccination from causing abortion, that cases are known in which the foetus has gone safely through the vaccine disease *in utero*, so that it has subsequently been proof against vaccination.

I think, then, we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community; and that vaccination or revaccination should be practised on pregnant women, in their own interest, as well as in that of the community of which they form a part.

The opportunity afforded by the present epidemic of settling this question by the evidence of facts on an extensive scale should not be lost. A Zymotic Committee will, I believe, be appointed by the Obstetrical Society. The relations of zymotics to pregnancy, including the influences of vaccination, is just one of those subjects which the collected experience of many practitioners can alone satisfactorily determine.

To show how urgently the particular question under discussion calls for determination, let me cite the contradictory views expressed to me by two of the most experienced and successful public vaccinators in London.

A. says: "I have never had the moral courage to try the effect, although I have very often been tempted to do so. There is a strong feeling in the minds of women against the practice; and the fear of an action in the Court of Queen's Bench has hitherto deterred me from trying the experiment. I have frequently asked the question you now put to me, but have never had a satisfactory answer."

B. says: "I have only vaccinated four pregnant women, and nothing unusual has occurred with either of them. I do without hesitation recommend it, and intend vaccinating all the pregnant women in the workhouse. I have at the present time two women in an advanced state of pregnancy in the infirmary, suffering from variola; and one convalescent from the disease, having gone through semi-confluent form without aborting."

Is A. right? or is B. right?—*British Medical Journal*.

ADULTERATION OF LARD.—Some time ago, the stock of prepared lard being exhausted, a quantity was procured from a respectable pork-dealer. It was beautifully white; so much so, that the writer was led to question his ability to produce anything

equal to it. The first trial was in preparing ointment of nitrate of mercury. The color, when the mercurial solution was added, was the reverse of citrine, indeed, decidedly saturnine, developing in a short time to a full slate color. Surprised at this unprecedented result, the usual precautions having been taken as to temperature, etc., the lard was suspected, and, on examination, was found to contain a large proportion of lime. Some time after, being in conversation with a lard-renderer, a hint was dropped as to the relation of lime to color, when the information was confidentially imparted that a common practice among lard-dealers was to mix from two to five per cent. of milk of lime with the melted lard. A saponaceous compound is formed, which is not only pearly white, but will allow of the stirring in, during cooling, of 25 per cent. of water. So much for appearances.—*Canadian Pharmaceutical Journal.*

CARBUNCLES.

As carbuncles often follow each other in the same patient, anything that promises to arrest them would be gladly tried by the sufferers. Dr. Marcet suggests in the "Lancet" a ready method, provided it be employed as soon as the small vesicle appears on the skin.

He says:—"If the carbuncle be allowed to proceed, say, for twelve hours beyond its very first appearance, it will run its usual course; but its progress may be arrested by the early destruction of the vesicle and its contents by means of the cauterising action of heat. I have adopted many plans to effect this purpose; but the simplest of all, and one which may be considered as always at hand, is the use of an incandescent lucifer-match. The vesicle is to be merely touched, for a fraction of a second, with the red-hot point from five to seven or eight times in succession, when it assumes a dull-whitish appearance from the coagulation of the albumen it contains. The end of the hot wire may also be used. The pain of the operation is really trifling, and it will save from a week to a fortnight's suffering. I have repeatedly applied this form of actual cautery to myself, and shall not hesitate to do so again if necessary.

"In general, within four or five hours after the operation, the pain from the incipient carbuncle has in a great measure disappeared, and there is an end to it. It may happen, however, that the carbuncle

at its origin, is deep under the surface of the skin, when no vesicle appears. I have not been so successful with the use of the actual cautery in these cases as in the others, but probably, had the cauterisation been carried deeper, the mischief might have been arrested."

Dr Mareet has tried nitric acid, and nitrate of silver, but found them unreliable. He thinks the early vesicle may contain a virus, by destroying which the disease is nipped in the bud. This simple mode is likely to be tried farther.

Dr J C Nott, in the *New York Medical Journal* for January, records a case which he says is 'the only real abortion of a carbuncle he ever saw'. It was three inches in diameter, and involved the tissues very deeply. He made a deep incision of one and a-quarter inches, and stuffed it with cotton saturated with pure carbolic acid, and also painted the whole hardened surface with the remedy. Dr. Nott says —The patient complained of a sharp burning sensation for a few minutes, when the pain subsided completely. The cuticle, by the next day, came off, and the surface looked like a burn. After the first few minutes he was free from pain, and never complained of any afterward. I continued every day for a week to insert the acid, in the same way, into the cut, which sloughed all around to the depth of one-eighth of an inch, the surrounding inflammation and induration subsided rapidly, and in a week there was nothing left to treat, but the small open wound made by the knife and acid. Three other small carbuncles commenced, an inch or two from the large one, they were all treated by incision and the acid, and they all aborted."—*The Doctor*.

DISINFECTANTS.—The Chemical Society of Berlin has published a list of the most approved disinfectants, and the degree of concentration in which to apply them :

Permanganate of Potash.—One part of the pure salt is dissolved in one hundred parts of water. Where the crude material is used, five to ten parts of it to one hundred of water will suffice. This disinfectant acts upon liquids, and has little effect on solids.

Carbolic Acid Water is obtained by dissolving one part of pure crystallized carbolic acid (which can be rendered fluid by immersion in hot water) in one hundred parts of water. Crude carbolic acid should be taken in double the quantity.

Carbolic Acid Powder is prepared by mixing one hundred parts

peat, gypsum, earth, sand, sawdust, or charcoal powder, with one part carbolic acid dissolved in water. Double the quantity of crude acid must be taken.

Carbolic Acid Wash.—Mix one part carbolic acid with one hundred parts milk of lime.

Chloride of Lime.—One part in one hundred of water.

Solution of Metallic Salts—Better to prepare saturated solutions in water and frequently stir.

Suvern's Mass is composed of one hundred parts of slaked lime-fifteen parts coal tar and fifteen parts chloride of magnesium dissolved in water—*Journal of Applied Chemistry*

CAUTERIZATION IN DIPHThERIA.—In the 18th *Versammlung Deutsche Naturforscher und Aerzte*, Dr Schuller stated that he had entirely abandoned cauterization of the pharynx, larynx, or conjunctiva in diphtheria. In numerous cases he had, as a crucial experiment, cauterized only one side of the fauces, and he had always been led to the same conclusions.

1st. That the membrane remained attached longer on the side which he had cauterized than on the other.

2d. That even the most energetic application of nitrate of silver failed to arrest the reproduction or to prevent the extension of the membrane.

3d. In some cases serious tumefaction and inflammation of the cervical lymphatics followed the application of the caustic.

In these views he was supported by Ebert, Stiebel, Cohen, Rincker, and others, who direct the use of small pieces of ice to be constantly allowed to melt in the mouth, and employ a gargle of potass. chlor. alcohol, potass. permang., carbolic acid. etc.—*Medical Times*.

ADDISON'S DISEASE.—What is Addison's disease? At first the primary disease was considered to be in the supra-renal capsules, but it was soon found that all the symptoms of Addison's disease might be where no lesion of the supra-renals was discovered after death. The capsules have, on the other hand, been diseased when no symptoms have existed during life. Moreover, the capsules have no special nervous apparatus. Excision of the capsules in animals is not followed by the symptoms of Addison's disease. The sympathetic nervous system

has been blamed, but the known functions of the sympathetic give no countenance to the theory, while the semilunar ganglion of animals has been sometimes extirpated without giving rise to the phenomena that have passed under the name of Addison's disease. Dr. J. M. Rossbach, of Wurzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv*. Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rossbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena. In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognizable, and stands in close but not necessary relation to disease of the suprarenal capsules. Psychological disturbance, extreme anemia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Professor William Moore's case, published in our last issue, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination by Dr. Moore, assisted by Drs. Bennett and Little—all most able and competent observers will, with the coloured lithograph, enable the reader to form his own opinion respecting some of the questions in dispute.

A NEW AND SUCCESSFUL TREATMENT OF PERTUSSIS.

BY JOHN J. CALDWELL, M.D., BROOKLYN, N.Y.

My treatment of whooping cough may, or may not, be entirely new to the profession, *viz.* local medication by the Spray Atomizer, such as is made and sold by your townsmen Messrs. Codman & Shurtleff, my favorite medicinal agents being bromide of ammonium and of potassium, together with liquid preparation of Belladonna. Believing in Niemeyer's views of the pathology of this disease, "that whooping cough is a catarrh of the respiratory mucous membrane,

combined with intense hyperesthesia of the air passages,' I made my medication directly to the parts affected, and the results have been so satisfactory and rapid that I venture to submit the following cases for your Journal.

Cases I. and II. were my little daughters, aged respectively four and two years. They contracted the disease in July, 1869, it being at that time prevalent in our city, and in their cases the malady was decided and distressing. After exhibiting the usual remedies with little or no relief, I resorted to the above treatment, as an experiment. Getting up steam, and placing my little ones upon my knee, in such a position that the spray should play right into the face, as a natural consequence they began crying, and that was just what I expected, and what I most desired, for the deep inspirations would carry the bromides and belladonna home to the local trouble. My formula is as follows:—

R. Ext. belladon. fld. gtt. v. to x. ;

Potass. bromid., grs. xx. ;

Ammon. bromid., grs. xl. ;

Aquæ destil., 2 oz.

M. Ft. solutio.

Of this we use a tablespoonful at each application

July 11th.—Children much better, the intermissions of greater space. Made another application.

14th.—Attacks very mild, scarcely any whoop. Continued treatment.

16th.—Whoop and spasmodic action gone, with a slight cough, which passed away in a few days.

Aug. 24th.—Was called across the street to see my neighbor's children, three in number, found them suffering from same affection. The father informed me that the distress was so great and constant that the children could not rest, and were becoming very weak and emaciated, that their physician did not relieve them, and that, as the weather was so oppressive, he felt fearful for their lives. I administered the spray treatment to them in turn, while they were sitting upon the father's knee, as before mentioned. They called on the following succeeding days, viz., 25th, 26th, 27th, and 28th, and on the first of September when I discharged them, cured. Sept. 9th, Mrs. McG., called at the office with her little son, aged 2 years, afflicted in the same manner. After three or four applications, we had similar happy results. Here we may say that when the nights

were passed with much disturbance from spasmodic coughing, it is our habit to administer the same solution by the stomach, in doses suitable for the occasion. In October, 1870, I was called to the family of Mr. S., of Sackett St., where I found his five children suffering severely with whooping cough. I left the atomizer at the house, with a sufficient quantity of the mixture, at the same time instructing the mother (who was a competent, intelligent person) how to administer it. I now and then called to watch progress, and at the expiration of two weeks was pleased to find that the patients, like the others under my care, had speedily and entirely recovered.

I submit the above, Messrs. Editors, as my experience in this distressing affection, and hope that if other gentlemen of the profession are induced to try the *modus operandi*, the result may prove as satisfactory to them as it has to me. — *Boston Medical and Surgical Journal*.

TREATMENT OF SCARLET FEVER.

BY W. E. WHITEHEAD, M.D., UNITED STATES ARMY.

Scarlet fever being very prevalent at present, and wide-spread in its ravages, I concluded that my experience in the treatment of this greatly dreaded disease might probably be instrumental in preserving some little patient from suffering, and perhaps death. After an experience of some years, I have seen no plan of treatment that gave me so much satisfaction, or so great success, in the management of this fever in all but the most malignant types: in which latter cases, I do not know if any treatment be of avail, for I have never seen a single case of recovery, but, on the contrary, have seen the patient succumb to the virulence of the poison in less than twenty-four hours. Under these latter circumstances, remedies have scarcely time to affect the system, either for good or evil.

I first satisfy myself that it is a case of scarlet fever, being guided in forming the diagnosis generally by the appearance of the tongue, which is usually very characteristic. I allude to the peculiar elevation of the papillæ, their *red* color, and the creamy white coat through which these papillæ force their way. Being satisfied as to the correctness of the diagnosis, I at once order the patient to be sponged all over, a part of the body at a time, with hot water, in which has been dissolved enough saleratus (the impure carbonate of

potash, to be found generally in every household) to cause a soap or greasy sensation when the fingers are rubbed together after wetting them in the solution. This sponging is to be continued some time, from fifteen minutes to half an hour, when the surface is allowed to dry, which it generally does as fast as the sponge passes over it, from the intense heat of the skin. When dry, rub the entire surface lightly over with a piece of bacon rind, or with sweet almond oil, or fine olive (salad) oil. If the throat is sore and painful, apply a thin slice of bacon, or a flannel bandage well saturated with oil, and, in either case, made stimulating by a small quantity of good red pepper sprinkled on its surface. Give a mild aperient in the early stages, to free the bowels of all alvine accumulations. Give, then, a well diluted solution of chlorate of potassa, from a scruple to one or more drachms, according to age or circumstances, the above-named quantity of the salt to be taken at intervals during the twenty-four hours, in cold water, but better in barley water, or rice water. Give all the drink—barley, apple, or orange water—that the patient may desire. The bathing and anointing are to be repeated at least once in every twenty-four hours, and should the heat of the skin be great, with much restlessness and a high axillary temperature, the bathing and anointing should be repeated twice or three times in the twenty-four hours. A dose of unct. ferni chlor. every twelve hours in the early stages, where the tendency to diphtheria, anemia, or other manifestations of blood poisoning are present, is very important.

The diet should be simple, nutritious, and easily assimilated. milk and its various preparations, eggs, beat-tea, or strong broth, and when necessary, good sparkling wines, champagnes, catawbas, etc. The urine should be carefully examined daily, and the instant any albumen is detected, the lumbar region should be rubbed with warm spirits of wine or turpentine liniment. Dry cups may be applied often with benefit, and sometimes wet cups or leeches become necessary to properly meet the indication. Should all these expedients not arrest the kidney trouble, I have found a free dose of calomel of great benefit, and have seen it in many cases effect speedy cure,

I will not undertake here to explain how the calomel effects so happy a result, but merely now give you my experience in the *treatment* of scarlet fever. Of course, the calomel must be given with caution, and not indiscriminately to each and every case. Due care must be observed not to administer this remedy in cases of great debility, of granular kidneys, or to very old and feeble persons.

I consider the rind of bacon the best possible article that can be used for anointing purposes in this disease, for it yields plenty of mineral oil, and at the same time you get the stimulating effects of the creasote, and other compounds, produced by the smoke which the bacon has been subjected to in the process of curing.—*Pacific Med. and Surg. Journal.*

BOOK NOTICES.

INSANITY AND ITS TREATMENT—By G. F. Isanford, M.D., Oxon. F.R.C.P., London, Lecturer on Psychological Medicine, St. George's Hospital Medical School. Philadelphia. H. C. Lea, 1871. Toronto: Adam Stevenson & Co. \$3.

This book supplies a want much felt in this department of medical literature. No disease of equal frequency and gravity has been so imperfectly studied as insanity, and most works on this subject are too voluminous for the busy practitioner, who needs a concise manual for occasional reference, rather than an elaborate essay on the subject, and the work well meets the prevailing deficiency. The author lays no claim to originality, but evinces a good deal of respect for other men's ideas. He also gives the result of his own observations in a plain practical way, with just enough of method about it to make it interesting and instructive.

The author ventures the opinion that a great majority of cases of insanity are hereditary. He says—"We must consider not the events of the preceding month or year, but the history of the individual from his birth, and that of his parents before him." He assigns a wider scope to the hereditary element than any other English writer and asserts that it is not inconsistent with the law of transmitted disease to suppose that insanity may be caused by peculiar eccentricities of character, chorea, epilepsy, catalepsy, hysteria, &c. in the parents.

The author gives great prominence to acute mania, and his directions for its treatment are well worth the cost of the book. He insists most strongly on nutritious food and stimulating drinks, and deprecates the use of blisters, bloodletting and tartarized ammonia. He also gives some most excellent hints on the mode of detecting insanity, and also on the moral treatment of the insane, their occupations, studies, amusements, &c. In the closing chapter he gives some useful directions respecting the manner of examining patients, with reference to their mental condition, for the purpose of signing a certificate of insanity, which will be found exceedingly useful to medical practitioners generally.

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OBITUARY.

Died, on the 7th ult., in the town of Brockville, Dr. Robert Edmondson, in the 69th year of his age. He was born in Ballymena, Ireland, and resided forty two years in Brockville. He obtained the Degree of C.M., University of Glasgow, in 1827, and received the provincial license in 1829, subsequently he received the Degree of M.D., in Victoria College, Cobourg, and was for some time President of the Medical Alumni Association of that University. He was a most active man and took the deepest interest in the progress and welfare of his adopted country. He held the position of mayor of Brockville for some time, and was also President of the Bible Society. At the time of his death he held a prominent position in many organizations, having for their object the progress of the town and the good of the people. He was also a very skillful physician and an accomplished scholar, a man of enlarged and liberal mind, honest intentions, and irreproachable personal character; many of the inhabitants of the town and country around will feel very much the loss of one who was so universally beloved and respected as Dr. Edmondson.

ALPENA MINERAL SPRINGS.

This well is located in the city of Alpena, on Thunder Bay, at the mouth of Thunder Bay River, Michigan, U. S. Bath houses have been erected during the past summer, and every convenience has been made for the benefit and comfort of invalids visiting this fountain of health. The Alpena well is not only a "true artesian" well, but also a true mineral well. These waters flow out of the rock in an immense volume, clear and sparkling, from a depth of 900 feet below the surface.

The following chemical analysis of its waters has been given by Professor S. P. Duffield, of Detroit:—

	Per gallon.
Soda Bicarb.....	15.73
Lime "	55.13
Magnesia Bicarb	62.92
Iron "	1.84
Sulph. Lime	30.05
Silica and Aluminum.....	3.08
Sodium Chloride.....	68.25
Organic Matter.....	92
	<hr/>
	237.92

The sp. gr. of the water is 1.012, and it contains traces of carbonic acid and sulphuretted hydrogen gases. These waters have been found useful in the the treatment of Rheumatism, Gout, Dyspepsia, and general prostration resulting from over work, too close application to business, want of exercise, &c.

Dr. W. J. Roe, formerly of Chatham, has been appointed Medical Superintendent, and all communications respecting it may be addressed to him.